



# SAINT JOSEPH COMMUNITY VACATION BIBLE SCHOOL

SUNDAY, JULY 29—THURSDAY, AUG 2, 2018

6:00—8:00 PM REGISTRATION FORM DUE 7/15/18

OFFICE USE ONLY

Name Filed By \_\_\_\_\_

FEES: \$10 per child or \$35 per family.

\$5 per family will be added if registering after July 15, 2018.

Checks payable to Saint Joseph Vacation Bible School and mailed to

Saint Joseph VBS

C/O Resurrection Lutheran Church

PO Box 549

Saint Joseph, MN 56374



## For More Information

Resurrection Lutheran: Rachel Kuebelbeck [rachelkuebelbeck@gmail.com](mailto:rachelkuebelbeck@gmail.com)

(leave message with Tracy at 363-4232)

Gateway Church: Pastor Bruce [info.gatewaychurch@gmail.com](mailto:info.gatewaychurch@gmail.com)

Church of Saint Joseph: Marian Bach [ffdirector@churchstjoseph.org](mailto:ffdirector@churchstjoseph.org) 320-363-7505 ext. 152

Laura Gorder [lgeriene@gmail.com](mailto:lgeriene@gmail.com)

Facebook: St. Joseph Community VBS [stjoecommunityvbs@gmail.com](mailto:stjoecommunityvbs@gmail.com)

## Family Information

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

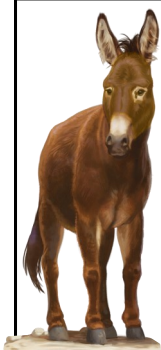
Family Email: \_\_\_\_\_

Person picking up child(ren): \_\_\_\_\_

Phone (if not listed above): \_\_\_\_\_

Worshipping Congregation: \_\_\_\_\_

## Adult Volunteer Opportunities



Station Helper: Games\_\_\_ Bible Stories\_\_\_ Snacks\_\_\_ Craft\_\_\_

Music\_\_\_ Office Helper\_\_\_ Opening/Closing\_\_\_ Small Project Helper\_\_\_

Small Group Leader: Preschool\_\_\_ Kind.\_\_\_ Grade 1\_\_\_

Grade 2\_\_\_ Grade 3\_\_\_ Grades 4,5,6\_\_\_

# Participant's Information

Group placements are done by the grade that the student **completed** in spring of 2018.

Please circle the grade your child completed, or in the case of preschool, please circle your child's age.

Name of Child \_\_\_\_\_

Group placement: 4y 5y K 1 2 3 4 5 6  
(PLEASE CIRCLE AGE OR COMPLETED GRADE)

T-shirt Size: Youth Sizes: XS (2-4) S (6-8) M (10-12) L (14-16) Adult Sizes: S M L XL  
(PLEASE CIRCLE A SHIRT SIZE)

Medical Concerns/Allergies (if any): \_\_\_\_\_

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(PLEASE CIRCLE AGE OR COMPLETED GRADE)

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Medical Concerns/Allergies (if any): \_\_\_\_\_



## Photo Release

I grant permission for all photographs taken of the above listed child(ren) enrolled in Saint Joseph Community Vacation Bible School to be used for crafts, publicity, or advertising for the program.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

Relation to child(ren): \_\_\_\_\_

In the event of an emergency, I give permission for the VBS Coordinators to obtain any medical attention they feel is necessary for my child(ren).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	
Payment Amount: _____	CHECK IN:
Check Number: _____	T-shirts picked up: _____
Cash _____	CD: _____
Balance: _____	NOTES: _____
Date: _____	